## Foster Family Home - Corrective Action Report

Provider ID:

1-120021

Home Name:

Marcela Buted, NA

Review ID:

1-120021-3

1616 Maliu Street

Reviewer:

Honolulu

HI 96819

Begin Date:

3/25/2015

End Date: 3/26/2015

-1--1--

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person recertification review made on 3/25/15.

Corrective Action Report issued during home visit with all items due to CTA by 4/25/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7)

Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary

resuscitation, and basic first aid.

Comment:

41.(b)(7) - TB clearance expired in 2014 for CG # 1 and CG #2. Not done until 1/2015.

41.(b)(8) - CPR and First Aid expired for 4 months before renewed for CG # 1 and CG #2.

Compliance Manager

Primary Care Giver

Date

Date

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Home Name:	Marcela I	Buted,	, NA	Review ID:	1-120021-3		
1616 Maliu Stree	et			Reviewer:			
Honolulu		НІ	96819	Begin Date:	3/25/2015	End Date:	
Foster Family	Home	Re	equired Certi	ficate	[1]	7-1454-6]	
6.(d)(1)	Comply	with a	II applicable re	quirements in this cha	pter; and		
Comment:							
				w made on 3/25/15 visit with all items		4/25/15.	
6.(d)(1) - see a	pplicable s	ection	ns of the revie	w			
Foster Family	Home	Pe	ersonnel and	Staffing	[1]	7-1454-41]	
41.(b)(7)	Have a	curren	t tuberculosis o	learance that meets of	department of he	ealth guidelines; and	
41.(b)(8)			ntation of curre and basic first		rne pathogen a	nd infection control, card	Jiopulmonary
Comment:	resuscit	auon,	and basic mist	aiu.			
41.(b)(8) - CPR	Rand First	Aid ex	xpired for 4 m	CG # 1 and CG #2. onths before renew	ed for CG # 1		
	13		e Manager re Giver			Date	

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